



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT
PRESIDENT

RENÉE CAMPBELL
VICE-PRESIDENT

SARA VASQUEZ
SECRETARY

JAMES BARGER
COMMISSIONER

SHAN LEE
COMMISSIONER

October 28, 2014

Steve R. Barba
Friends of Steinmetz Park
1545 S. Stimson Ave.
Hacienda Heights, CA 91745

HEARING ON APPLICATION FOR BINGO MANAGER **BUSINESS LICENSE ID #141666**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, November 19, 2014 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER : XX XXXX
PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....XXXXXXX
2ND PUBLISHING DATE:.....XXXXXXX
3RD PUBLISHING DATE:.....XXXXXXX

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

BINGO MANAGER

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:..... 1545 S. STIMSON AVE.,
HACIENDA HEIGHTS, CA 91745
NAME OF APPLICANT:..... FRIENDS OF STEINMETZ PARK SENIOR CTR./
STEVE R. BARBA
DATE OF HEARING:..... 11/19/2014
TIME OF HEARING:..... 09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **BINGO MANAGER**

ADDRESS OF BUSINESS: **1545 S STIMSON AVE., HACIENDA HEIGHTS, CA 91745**

TELEPHONE: **(626) 934-7461**

OWNER OF BUSINESS: **STEVE R BARBA**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **FRIENDS OF STEINMETZ SENOR CTR**

MAILING ADDRESS: **1545 S STIMSON AVE., HACIENDA HEIGHTS, CA 91745**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input type="checkbox"/> 3. Building & Safety			
<input type="checkbox"/> 4. Fire Department			
<input type="checkbox"/> 5. Public Health			
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	10/01/14	tchen
<input type="checkbox"/> 9. Regional Planning Commission			
<input type="checkbox"/> 10. Weights and Measures			
<input type="checkbox"/> 11. Publishing			
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/01/14	tchen

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 141666

BUSINESS INFORMATION

Type of Business: <u>Bingo Manager</u>	Address of Business: <u>1545 S. STIMSON AVE. HAZENHILL HS CA</u>
DBA (Business Name): <u>FRIENDS of a STEIN METZ SENIOR CENTER INC. PARK</u>	Business Telephone: <u>626-934-7461</u> <u>91745</u>
Sellers Permit # (State Board of Equalization): <u>Bingo Operator License # 456217</u>	Mailing Address: <u>1545 S. STIMSON AVE HAZENHILL CA</u> <u>91745</u>
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>	
Date of Incorporation: <u>11/3/1994</u>	Incorporated in the State of: _____
Exact Corporate Name: <u>FRIENDS of the STEIN METZ PARK SENIOR CENTER</u>	
Names of Officers: <u>CHRISTOPHER ZAPFEL</u> <u>NILDA SOLANO</u> <u>MARLA BAKER</u>	Addresses: Titles: <u>PRESIDENT</u> <u>Chief Financial Officer</u> <u>SECRETARY</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>STUE R BARRA</u>		
Home Address: 		
Social Security #:	Date of Birth:	Place of Birth:
Driver's License or State ID#:		Expiration Date: <u>1/1</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: _____	Weight: _____
Hair Color: _____		Eye Color: _____

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 9/3/2014 Applicant's Signature: Stue Barra
Application taken by: Dick Date: 9/3/14

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 09, P.O. Box 5490, Los Angeles, CA 90054-0970

71K
9/4/14

BUSINESS LICENSE
APPLICATION REFERRAL

914-01167

KIND OF BUSINESS: BINGO MANAGER

ADDRESS OF BUSINESS:

TELEPHONE:

OWNER OF BUSINESS: STEVE R BARBA

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: FRIENDS OF STEINMETZ SENOR CTR

STIMSON

MAILING ADDRESS: 1545 S STEINSON AVE., HACIENDA HEIGHTS, CA 91745

DATE WHEN BUSINESS STARTED:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR NEW LICENSE

SHERIFF FINGERPRINT
LA COUNTY

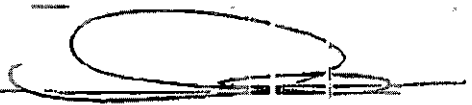
☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:



DATE:

10/1/14

BASIC LICENSE NO. 3531

DATE 10/04/14

IDENTIFICATION NUMBER 141666